Contemplating a one child world

Fundamental rethinking is needed

EDITOR,—A one child world[1] may just be possible in China, a country of coercion, abortion, and neglect of orphans; it may also be achievable soon in Catholic Italy and Ireland. For most countries, though, the switch from demographic transition (average families of 2·1 children) to ecological transition (a one child world) is at least a generation away, and in countries threatened by or already experiencing demographic entrapment this will take much longer. The resurgence of nationalism also complicates this objective, as many ethnic groups will insist that a one child family should not apply to them.

If human survival on a global level is possible, families urgently need to adopt not only a one child world but one in which the destructive ecological effect of each person is as small as possible.[2,3] The issues of demographic and ecological entrapment must become central to the debate over scientific and public health policy; the taboos that hamper this must be dropped. Fundamental rethinking is needed. This is especially true in the industrialised countries in the North, where the ecological effect of one person easily outweighs that of 50 in the non-industrialised South.

Improved surveillance of, and response to, the catastrophic public health threats that the North now faces is not an adequate solution.[4] The explosion of the consumption bomb threatens populations in both the North and the South.[5] To defuse it, fundamental rethinking is needed; along with the nuclear and population bombs this is the greatest threat to public health that we currently face.

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1 McMichael AJ. Contemplating a one child world. *BMJ* 1995; 311:1651-2. (23-30 December.)
2 Smith R. Overpopulation and overconsumption. *BMJ* 1993;306: 1285-6.
3 Butler C. Overpopulation, overconsumption, and economics. *Lancet* 1994;343:582-4.
4 Patz JA, Epstein PR, Burke TA, Balbus JM. Global climate change and emerging infectious diseases. *JAMA* 1996;275: 217-23.
5 Butler CD. Defusing the consumption bomb. *Med J Aust* 1995;163:112.

Medical profession should give more decisive leadership

EDITOR,—A J McMichael's editorial in the Christmas issue of the *BMJ*[1] and my commentary in the corresponding issue of the *Lancet*[2] say essentially the same things about the present human situation and the philosophical, moral, cultural, and political problems confronting the world at the end of the 20th century. A great deal more needs to be said and done.

I believe that thoughtful women and men everywhere must clear their minds of cant, denial, and obfuscation and engage in dialogue about possible solutions to the unprecedented situation we face. One child families are common in many Western industrial nations as a consequence of recent changes in attitudes towards families and childbearing. One child families were encouraged at least for a time in Singapore by taxation policies (with higher taxes on the income of people with several children) and are achieved in China by coercion. Abundant empirical evidence shows that education of girls and adult female literacy are powerful determinants of fertility. In rural agrarian and patriarchal societies values must change before girls are allowed to become educated.

Only changes in attitudes or values seem likely to help us. In my commentary[2] and elsewhere I have spelt out what I believe are the essential steps in resolving any public health problem: awareness that the problem exists, understanding of what causes it, a capability to deal with it, a sense that it matters, and political will to deal with it. In this instance we lack, for the most part, the final two elements, but there are difficulties with the first three as well.

Many religious leaders, industrial and commercial interest groups, and governments continue to deny that the problem exists. There is a sense of helplessness, in the face of what seem to many people to be insurmountable obstacles, that leads some people who perceive that a problem exists to believe that we are incapable of doing anything about it. More than values come into play. The urge to reproduce is surely at least partly instinctive in humans, with much overlay of religious beliefs and human values.

The United Nations conferences on the environment, population, and women did not adequately come to grips with reality. Their deliberations did not recognise that the irresistible force of population growth will soon run headlong into the immovable object of the earth's carrying capacity. Can members of the medical profession give more decisive leadership in discussing this and searching for solutions?

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1 McMichael AJ. Contemplating a one child world. *BMJ* 1995; 311:1651-2. (23-30 December.)
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Medical students should be taught to appraise evidence on global health issues

EDITOR,—Three recent papers highlight the potential impact of global threats to health.[1-3] Over the past two years clinical students at two medical schools in London have been given a questionnaire, before seminars in primary care or public health, seeking their views about the greatest threats to the health of humans in the next 30 years. They were asked to write five threats in order of priority, on a freeform page. The results were then analysed: the number of times a topic was mentioned was determined and an average score calculated on the basis of 1 point for first place and 5 points for fifth place. Thus a high number of mentions and a low average score indicate that students consider the issue to be important. A total of 192 questionnaires was received (response rate 100%). Analysis did not show any significant difference between the two medical schools. HIV/AIDS and war were seen as the most important threats. Table 1 shows the results when other, overlapping topics were combined—such as "hunger," "starvation," and "malnutrition" as one and "environment," "ozone depletion," and "global warming" as another.

The results suggest that students are aware of the potential impact of conflict, environmental change, and HIV/AIDS, but some responses showed considerable misunderstanding about the relative importance of some issues. For example, a number of students cited drug misuse or ozone depletion as the greatest threat. Most students will encounter consequences of the threats raised in our questionnaire when working in Britain, and many will work in developing countries at some point in their careers. We would argue that teaching that allows medical students to appraise critically the evidence on global health issues is appropriate in medical curriculums for the 21st century. This is in line with the General Medical Council's current recommendations.

We are developing core and optional curriculums to cover these issues; further information can be obtained from the office of MEDACT,

Table 1—*Most important threats to health of humans as perceived by 192 medical students, who each listed five threats**

	No of mentions	Average score
War	155	3·09
Environment	140	3·25
HIV/AIDS	138	2·64
Starvation and malnutrition	129	2·27
Poverty	93	2·45
Overpopulation	72	2·65
Communicable diseases (except HIV/AIDS)	48	2·96
Other diseases	41	3·20
Moral standards and lifestyle	41	3·39
Political regimes or ideologies	22	3·50

*Altogether 81 options were not used.

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We receive more letters than we can publish: we can currently accept only about one third. We prefer short letters that relate to articles published within the past four weeks. Letters received after this deadline stand less chance of acceptance. We also publish some "out of the blue" letters, which usually relate to matters of public policy.

When deciding which letters to publish we favour originality, assertions supported by data or by citation, and a clear prose style. Wit, passion, and personal experience also have their place.

Letters should have fewer than 400 words and no more than five references (including one to the BMJ article to which they relate); references should be in the Vancouver style. We welcome pictures.

Letters should be typed and signed by each author, and each author's current appointment and address should be stated. We encourage you to declare any conflict of interest.

Please enclose a stamped addressed envelope if you would like to know whether your letter has been accepted or rejected.

Letters will be edited and may be shortened.